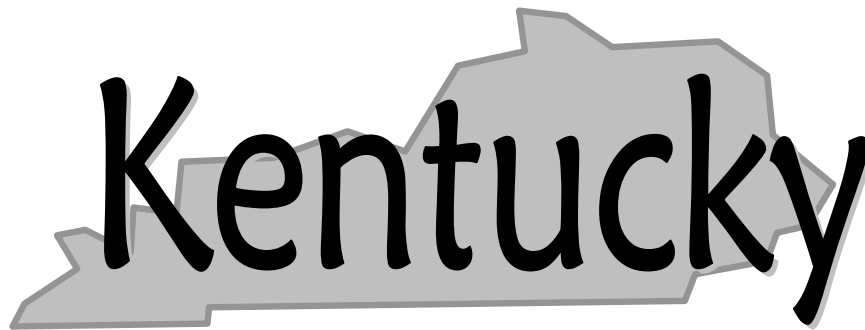


**2010 ANNUAL SURVEY OF  
POSITRON EMISSION TOMOGRAPHY  
(PET)  
SERVICES**



**January 1, 2010 - December 31, 2010**

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF HEALTH POLICY  
275 EAST MAIN STREET 4 W-E  
FRANKFORT, KY 40621**

*Completion required by 902 KAR 20:008, (rev 10-15-03) and 900 KAR 6:125*

## **2010 ANNUAL SURVEY OF POSITRON EMISSION TOMOGRAPHY (PET) SERVICES**

### **INTRODUCTION**

The Annual Positron Emission Tomography Services survey is now required to be completed and submitted via the internet if you are a hospital based facility. Free standing and mobile facilities not located in a hospital should now also complete the annual survey via the internet at the following site: <https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. All surveys must be received timely. Surveys are due by March 15, 2011. Any survey extension request dates must be approved by the Office of Health Policy.

You are responsible for the accuracy of the data reported in this survey. Please double check all data for accuracy and submit timely. Failure to do so will result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Beth Morris of the Office of Health Policy at (502) 564-9592 Ext: 3954 or email [betha.morris@ky.gov](mailto:betha.morris@ky.gov). Fax number is (502) 564-0302.

### **REPORTING PERIOD**

- Report data for the annual period, **January 1 through December 31, 2010.**

# 2010 ANNUAL SURVEY OF POSITRON EMISSION TOMOGRAPHY (PET) SERVICES

## POSITRON EMISSION TOMOGRAPHY SERVICES SECTION

**Definition: (PET)** stands for Positron Emission Tomography. Positrons are positively charged electrons that are produced spontaneously as certain radioactive substances (for example, radioactive glucose) decompose. These radioactive substances, or tracers, are created in special facilities called medical cyclotrons. The type of tracer used for a particular PET scan varies, based on the medical condition for which a patient is being tested. The tracers have very short half-lives, which means that they decay rapidly into non-radio-active form. Thus, radioactive material is inside the patient for only a very short time, and the total dose of radiation is equal to and sometimes even less than many other kinds of X-ray procedures. A tomograph is an imaging device, or camera, that obtains sectional views through a patient's body. PET scans combine Nuclear Scanning with chemical analysis to enable physicians to observe how organs work. During a PET scan, a radioactive material is introduced into the patient's body (usually by injection), and is detected by a sophisticated camera.

If less than twelve (12) months of operation, give beginning and ending date(s) in 2010\_\_\_\_\_

<b>Total PET Procedures: Mobile</b> _____ <b>Fixed</b> _____ <b>Total</b> _____	<b>Total Patients: Mobile</b> _____ <b>Fixed</b> _____ <b>Total</b> _____
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Total number of hours per week machine was operational: \_\_\_\_\_

Check Service Type with an (F), (M) or (H): Freestanding \_\_\_\_ Mobile \_\_\_\_ Hospital \_\_\_\_

Number of devices stationed on site: **Mobile**\_\_\_\_\_ **Fixed**\_\_\_\_\_ **Total**\_\_\_\_\_

**If service was provided by a mobile service give name of provider:**\_\_\_\_\_

**Mobile units must submit a separate report for each authorized location served.**

\*Number of hours is per week each unit provides service to that location.

\*\*Mobile units only complete this section.

County	Location (Name of Facility)	# Procedures	# Units On-Site	# Hours Per Wk*	Patients Served
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**2010 ANNUAL SURVEY OF  
POSITRON EMISSION TOMOGRAPHY (PET) SERVICES**

**CERTIFICATION OF DATA**

On behalf of the administration of «Name of Facility», I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the activities required under 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125.

Signed\_\_\_\_\_

Date\_\_\_\_\_

Title\_\_\_\_\_

Phone\_\_\_\_\_ Email Address\_\_\_\_\_

**SPECIAL NOTE:** Policies regarding data submission and changes to data can be reviewed on the OHP web site: <http://chfs.ky.gov/ohp/>. By signing you are certifying this data is correct.

**NOTICE:** Please review the data entered on this survey. Check that all questions have been answered accurately and in full. If any part of this survey is not clear to you, please call the Office of Health Policy at (502) 564-9592 or email [betha.morris@ky.gov](mailto:betha.morris@ky.gov) before submitting data. Once data has been received, edited, and published by this office, no changes will be made to the published report.